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# CONTRACT FOR THE
## EVALUATION FOR CHILDREN WITH PROBLEMS WITH BEHAVIOR AND/OR LEARNING

CHILD'S NAME: _____DOB: _____

Our office has specific guidelines for the initial evaluation and ongoing management of our patients that have problems with behavior and/or learning. If you would like our office to evaluate your child/adolescent, it is important that these guidelines be followed.

INITIAL EVALUATION (CHILD, < 12 years old): This evaluation is divided into two (2) separate days:

**Part 1**: The first session will be scheduled for 1-1 ½ hours and is for the parent(s) only.

**Part 2**: The second visit will be scheduled for 1 ½ to 2 hours within 1-4 weeks of the initial visit and includes parent and child.

INITIAL EVALUATION (ADOLESCENT, >12 years old): This evaluation is usually scheduled as one visit that is divided into two parts: a session with the parent(s) and a session with the adolescent, and lasts approximately 1 ½ hours.

MEDICATION CHECK-UPS: If your child/adolescent is prescribed medication, we will see him/her one month after beginning med and then every 3-4 months for follow-up visits; these visits are not only extremely important for the management of your child/adolescent, but they are a requirement per NCQA; prescriptions cannot be continued without these visits!!!

**CANCELLATION OF EVALUATION APPOINTMENTS: If you need to cancel your evaluation appointment, you must cancel at least 72 hours (business day hours) before the appointment. Due to the length of and high demand for these appointments, at least 72 hours is needed to refill the open appointment slots. If the evaluation appointment must be cancelled less than 72 hours before the appointment, a fee will be charged and you will be referred to a neurologist or psychologist/psychiatrist for the evaluation. Our office will continue to see your child for physical examinations and sick appointments.

PAYMENT: If your insurance does not cover the testing, you will be responsible for payment in full.

PARENT: By my signature, I acknowledge that I fully understand the terms listed above.

Parent Signature Date